



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

MATCHING GIFT APPLICATION

Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

An Urban Alternative of NY
NAME OF GIFT RECIPIENT

BATCH Hatch 12-A403 GR/FLP	AMOUNT: \$15,000-
----------------------------------	----------------------

84-47 118th Street, #3B
ADDRESS

Kew Gardens, NY
CITY/STATE

11415
ZIP CODE

\$ 5,000.00
AMOUNT OF GIFT

7/14/2003
DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: ☒ RESTRICTED: ☐

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Cheryl McEwan
PRINTED NAME OF CONTRIBUTOR

Cheryl McEwan
SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. IMPORTANT: Please attach to the completed application (1) a record of the donation -- e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$ 5,000.00 was received on 7/16/03
DATE

by AN URBAN ALTERNATIVE OF NY and that I have read, and will ensure our organization's
NAME OF ORGANIZATION (PLEASE USE CORPORATE NAME)

compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.


LACHO TERRAZAS
PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Lacho Terrazas
SIGNATURE

FOR FOUNDATION USE ONLY:

Linda Muller

8/11/03

CHERYL A. McEWAN ANTHONY P. McEWAN 149 - 39 - 25TH STREET PH 718-223-2668 ROSEDALE, NY 11427		1-2 2161	2161
DATE <u>6/30/03</u>			
PAY TO THE ORDER OF <u>Urban Furniture</u>		\$ 5,000	
<u>Five Thousand 00/100</u>		DOLLARS	
 CHASE		The Chase Manhattan Bank 150 Broadway New York, NY 10036	
MEMO		<u>Cell Ewan</u>	
⑆021000021⑆004384237⑆		2161	

Vendor Id. (AN 00001)	Vendor Name AN URBAN ALTERNATIVE OF NEW YORK	Date August 15, 2001	Document No. 145028
Invoice No. CMA: 7/16/01	Date 7/16/2001	Description 1-1 MATCH: CHERYL McEWAN	Amount \$16,000.00
TOTAL:			\$15,000.00

12-9-03
RUSH HAND
Delivered by CMM



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

MATCHING GIFT APPLICATION

Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

Urban Alternative of NY
NAME OF GIFT RECIPIENT

84-47 118th Street, #3B
ADDRESS

Kew Gardens, NY
CITY/STATE

11415
ZIP CODE

\$5,000.00
AMOUNT OF GIFT

11/4/2003
DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: ☒ RESTRICTED:

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT ON MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Cheryl McEwan

PRINTED NAME OF CONTRIBUTOR

SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. IMPORTANT: Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$5,000.00 was received on 11/7
DATE

by Urban Alternative of NY and that I have read, and will ensure our organization's
NAME OF ORGANIZATION (PLEASE USE CORPORATE NAME)

compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

LISA Baker

PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

DEC 12 2003


SIGNATURE

FOR FOUNDATION USE ONLY:

Linda Muller

12/9/03

12/11/03
K60/LM
No objections
to pay now as
requested & apply
against 2004
allowance.
OK
RAC

CHERYL A. MCEWAN ANTHONY P. MCEWAN 158-04 - 130TH AVE. PH. 718-723-2699 ROCHDALE, NY 11434		1-2 218	2213
DATE: 11/4/03			
PAY TO THE ORDER OF: <i>For Urban Alternative</i>		\$ 5,000	
<i>Anthony P. Mcewan</i>		DOLLARS	
 CHASE		Morgan Chase Bank 3 Times Square New York, NY 10036	
MEMO		<i>Cheryl A. Mcewan</i>	
⑆021000021⑆004384237⑆		2213	

Vendor ID (ANUR0001)	Vendor Name AN URBAN ALTERNATIVE OF NY, INC.	Date December 12, 2003	Document No 146515
Invoice No. CRM- 11/7/03	Date 12/11/2003	Description 1-1 MATCH CHERYL MCKEAN	Amount \$10,600.00
TOTAL:			\$15,600.00

Rush rec'd J.B. [Signature]
JAN 20 2004



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

MATCHING GIFT APPLICATION

Part I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

An Urban Alternative of NY

NAME OF GIFT RECIPIENT

225 Buffalo Avenue
ADDRESS

Brooklyn, N.Y.
CITY/STATE

11213
ZIP CODE

\$ 15,000.00

AMOUNT OF GIFT

5
1/4/2004

DATE OF GIFT

PURPOSE OF GIFT: UNRESTRICTED: ☒ RESTRICTED: ☐

I ATTEST THAT THE SOURCE OF FUNDS FOR THIS GIFT IS MY PERSONAL ASSETS, THAT I MADE THIS GIFT FOR MY OWN BEHALF, AND THAT I RECEIVED NO BENEFIT IN RETURN.

Cheryl McEwan

PRINTED NAME OF CONTRIBUTOR

[Signature]
SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. IMPORTANT: Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of \$15,000.00 was received on 1/4/04
DATE

by Urban Alternative of NY and that I have read, and will ensure our organization's
NAME OF ORGANIZATION (PLEASE USE CORPORATE NAME)

compliance with, the conditions of the Matching Gift Program described on the reverse side of this application.

Lisa N. Baker


PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Lisa N. Baker
SIGNATURE

FOR FOUNDATION USE ONLY:

Aminda Muller

1/29/04

CHERYL A. MCEWAN ANTHONY P. MCEWAN 150-04 130TH AVE. PH 718-725-2039 ROCHDALE, NY 11434		1-2 210	2224
DATE 1/5/07			
PAY TO THE ORDER OF	In Urban Alternatives		\$ 15,000
Fifteen thousand 00/100		DOLLARS @	
 CHASE		JPMorgan Chase Bank 2 Times Square New York, NY 10036	
MEMO		AP	
⑆021000021⑆004384237⑆		2224	

Vendor ID (AHDR0004)	Vendor Name AN URBAN ALTERNATIVE OF NY, INC	Date January 30, 2004	Document No. 147217
Invoice No. CMT: 01/04/04	Date 1/29/2004	Description 3-1 MATCH: CHERYL MCENAM	Amount \$45,000.00
TOTAL:			\$45,000.00



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

MATCHING GIFT APPLICATION

JUN 16 2004

PART I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

AN URBAN ALTERNATIVE

NAME OF ORGANIZATION

84-47 118th Street, #3B, Kow Gardens, NY 11413

STREET ADDRESS/CITY/STATE/ZIP

\$3,500

AMOUNT OF GIFT

6/16/04

DATE OF GIFT

Purpose of Gift: Unrestricted: ☒ Restricted: ☐

I attest that the source of funds for this gift is my personal assets, that I made this gift on my own behalf, and that I received no benefit in return.

CHERYL & ANTHONY MCBWAN

PRINTED NAME OF CONTRIBUTOR

SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. **IMPORTANT:** Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of 3,500 was received on

AMOUNT

by

Urban Alternative of NY

DATE

and that I have read, and will ensure our organization's compliance with, the conditions of the Matching Gift Program described on the reverse side of this application. I also hereby certify that our organization does not directly or indirectly engage in, promote, or support other organizations or individuals who engage in or promote terrorist activity.

LISA Barber

PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Lisa Barber

SIGNATURE

FOR FOUNDATION USE ONLY:

6/16/04

CORPORATE SECRETARY

DATE

*** TOTAL PAGE: 02 ***


CHERYL A. MCEWAN
ANTHONY P. MCEWAN
149 - 39 - 257TH STREET PH 718-723-2699
ROSEDALE, NY 11422

DATE 6/16/07

2179

PAY TO THE ORDER OF Urban Alternative \$ 3,500

Three thousand five hundred DOLLARS

 CHASE The Chase Manhattan Bank
1501 Broadway
New York, NY 10036

MEMO Cell Ewan

2179

⑆00210000210004381237⑈

Vendor ID URBA0011	Vendor Name URBAN ALTERNATIVE OF NY	Date July 1, 2004	Document No. 149042
Invoice No. 204 6/16/04	Date 6/25/2004	Description F-1 MATCH, CHRISTL McLENNAN	Amount \$10,550.00
TOTAL:			\$10,550.00



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

AUG 26 2004

MATCHING GIFT APPLICATION

PART I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

URBAN ALTERNATIVE

NAME OF ORGANIZATION

150-13 109th AVE

STREET ADDRESS/CITY/STATE/ZIP

3,000

AMOUNT OF GIFT

P.O. #

ORG NAME Match 31-Aug-04

AMOUNT \$ 9,000

8/14/04

DATE OF GIFT

Purpose of Gift: Unrestricted: ☒ Restricted:

I attest that the source of funds for this gift is my personal assets, that I made this gift on my own behalf, and that I received no benefit in return.

CHERYL & ANTHONY McEWAN
PRINTED NAME OF CONTRIBUTOR

Cheryl & Anthony McEwan
SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. IMPORTANT: Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(e)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of 3000 was received on

AMOUNT

8/14/04

DATE

by

URBAN ALTERNATIVE
ORGANIZATION NAME (PLEASE USE CORPORATE/TAX NAME)

and that I have read, and will ensure our organization's compliance with, the conditions of the Matching Gift Program described on the reverse side of this application. I also hereby certify that our organization does not directly or indirectly engage in, promote, or support other organizations or individuals who engage in or promote terrorist activity.

Lisa Baker
PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER


Lisa Baker
SIGNATURE

FOR FOUNDATION USE ONLY:

Patricia [Signature]
CORPORATE SECRETARY

8/23/04
DATE

Order ID	Vendor Name	Date	Document No.
000000111	ORGAN ALTERNATIVE OF NY	September 1, 2004	149761
Invoice No.	Date	Description	Amount
001 8/11/04	8/11/2004	Y-1 MATCH: CHELSEA HUBMAN	19,000.00
			\$9,000.00
TOTAL:			

CHERYL A. MCEWAN ANTHONY P. MCEWAN 149 - 99 - 257TH STREET PH 718 723 2698 ROSEDALE, NY 11422		1-2 718 2189
DATE <u>8/14/07</u>		
PAY TO THE ORDER OF <u>Mr. Umberto Altomare</u>	\$ <u>3,000</u>	
<u>Three thousand 00/100</u>	DOLLARS	
 CHASE The Chase Manhattan Bank 1501 Broadway New York, NY 10016		
MEMO <u>LIB</u>	<u>Ed Mcewan</u>	
⑆0210000210004384237⑈		2189

FEB 10 2005



THE ROCKEFELLER FOUNDATION

430 Fifth Avenue, New York, NY 10018

MATCHING GIFT APPLICATION

PART I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

AN URBAN ALTERNATIVE

NAME OF ORGANIZATION

150-13 109 AVE, JAMAICA, NY 11433

STREET ADDRESS/CITY/STATE/ZIP

\$8,000

AMOUNT OF GIFT

1/20/05

DATE OF GIFT

Purpose of Gift: Unrestricted: ☒ Restricted: ☐

I attest that the source of funds for this gift is my personal assets, that I made this gift on my own behalf, and that I received no benefit in return.

CHERYL McEWAN

PRINTED NAME OF CONTRIBUTOR

SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. **IMPORTANT:** Please attach to the completed application (1) a record of the donation - e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of 8,000 was received on

1/20/05

DATE

by

Urban Alternative

ORGANIZATION NAME (PLEASE USE CORPORATE/TAX NAME)

and that I have read, and will ensure our organization's compliance with, the conditions of the Matching Gift Program described on the reverse side of this application. I also hereby certify that our organization does not directly or indirectly engage in, promote, or support other organizations or individuals who engage in or promote terrorist activity.

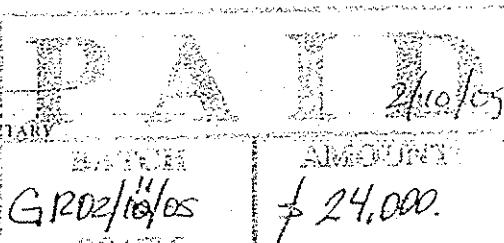
LISA BAKER

PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

SIGNATURE

FOR FOUNDATION USE ONLY:

CORPORATE SECRETARY



DATE

FEB 08 2005 15:55


PAGE 03

Vendor ID	Vendor Name	Date	Document No.
10000 611	AN URBAN ALTERNATIVE OF NY, INC.	February 14, 2005	151005
Invoice No.	Date	PO#	Description
2005 AC 001/161	2/11/2005		BATCH C, ACENAM 0.710/05
TOTAL:			Account 1/1/2005 \$21,000.00

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

THE ROCKEFELLER FOUNDATION
120 FIFTH AVENUE NEW YORK, NY 10018-2702

No. 150955
53-283/113

 **STATE STREET**
State Street Bank and Trust Co.
Quincy, MA 02171

DATE: December 13, 2001

AMOUNT: \$27,000.00

Twenty Seven Thousand Dollars And 00 Cents

PAY TO THE ORDER OF

URBAN ALTERNATIVE OF NY, INC.
115-19 MERRICK BLVD
JAMAICA, NY 11434

Donna J. O'Leary
Lyndee M. Miller

⑈150955⑈ ⑆011302836⑆ 88134192⑈ ⑆0002700000⑈

S.S.B.
617875920 9434 9434 03
617875920 12-17-04

12172004
0110-0001-5
ENT-2405 TRC-2422 PK-01
071577757

681884

681884

681884 73802

ORIGINAL WHITE COPY STAMPED BY BUREAU
FOR OFFICE OF THE ATTORNEY GENERAL

X

1/14



THE ROCKEFELLER FOUNDATION

420 Fifth Avenue, New York, NY 10018

MATCHING GIFT APPLICATION

PART I: To be completed by the Foundation staff member or trustee requesting the matching gift. Please send this form, together with your gift, to the eligible organization.

URBAN ALTERNATIVE of NY

NAME OF ORGANIZATION

115-19 MERRICK BLVD, JAMAICA, NY 11434

STREET ADDRESS/CITY/STATE/ZIP

\$9,000

AMOUNT OF GIFT

12/03/04

DATE OF GIFT

Purpose of Gift: Unrestricted: ☒ Restricted: ☐

I attest that the source of funds for this gift is my personal assets, that I made this gift on my own behalf, and that I received no benefit in return.

PAUL SHUSTERMAN

PRINTED NAME OF CONTRIBUTOR

SIGNATURE OF CONTRIBUTOR

PART II: To be completed by the organization. **IMPORTANT:** Please attach to the completed application (1) a record of the donation -- e.g., a copy of the check and (2) a copy of the Department of the Treasury ruling confirming your organization's classification under Internal Revenue Code Section 501(c)(3) and 509(a)(1-3), and mail the entire form to the Corporate Secretary at the above address.

I hereby certify that the gift described above, in the amount of 9000 was received on

12/3/04

DATE

by

URBAN Alternative of NY

AMOUNT

ORGANIZATION NAME (PLEASE USE CORPORATE/TAX NAME)

and that I have read, and will ensure our organization's compliance with, the conditions of the Matching Gift Program described on the reverse side of this application. I also hereby certify that our organization does not directly or indirectly engage in, promote, or support other organizations or individuals who engage in or promote terrorist activity.

Lisa N. Barker

PRINTED NAME OF CHIEF EXECUTIVE OFFICER,
CHIEF DEVELOPMENT OFFICER, OR TREASURER

Lisa N. Barker

SIGNATURE

FOR FOUNDATION USE ONLY:

Linda Mullen

CORPORATE SECRETARY

PAID

BATCH

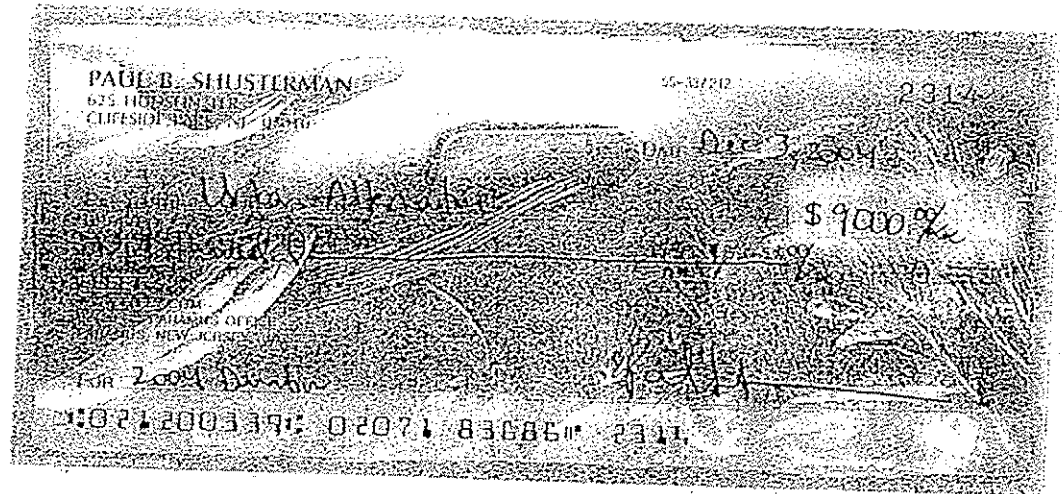
GR 12/10/04

GR/EP

AMOUNT

\$27,000

DATE



Vendor ID	Vendor Name	Date	Document No.
FORBAG011	GREEN ALTERNATIVE OF NY, INC	December 13, 2004	120995
Invoice No.	Date	Description	Amount
2004 00 010139	12/13/2004	ARTHUR P. ENGELBERG-PBS 12/13/0	\$27,500.00
TOTAL			\$27,500.00